GOVERNMENT OF THE DISTRICT OF COLUMBIA

CRFMR
Rev. 9/02

# DEPARTMENT OF HEALTH
## HEALTH REGULATION & LICENSING ADMINISTRATION
## INTERMEDIATE CARE FACILITIES DIVISION

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

| Name of Facility: | Street Address, City, State, Zip Code: | Survey Date: |
|---|---|---|
| Tri-State Home Health and Equipment Services, Inc | 6210-A Chillum Place NW Wash., DC 20011 | 01/08-01/09&01/12-01/13 |
| | | Follow-up Dates(s): |
| | | |

| Regulation Citation | Statement of Deficiencies | Ref. No. | Plan of Correction | Completion Date |
|---|---|---|---|---|
| **Title 22 Chapter 39** | An initial licensure survey was conducted at your facility on January 8th, 9th, 12th &13th of 2009.The following deficiencies were based on record reviews and staff interviews. The sample sizes were 21 clients based on a census of 253 and 30 employees based on census of 367.<br><br>3903<br>Governing Body<br><br>Home Care Agencies in the District of Columbia shall have a governing body with operational responsibilities of the agency by doing the following: | | Received on 3/19/09<br>GOVERNMENT OF THE DISTRICT OF COLUMBIA<br>DEPARTMENT OF HEALTH<br>HEALTH REGULATION ADMINISTRATION<br>825 NORTH CAPITOL ST., N.E., 2ND FLOOR<br>WASHINGTON, D.C. 20002 | |
| **3903.2 (b)** | Evaluate the review of complaints made or referred to the agency including the nature and response... | | | |

Name of Inspector — Date Issued: 01/22/09

Facility Director/Designee — Date: 3/17/09

GOVERNMENT OF THE DISTRICT OF COLUMBIA

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# DEPARTMENT OF HEALTH
## HEALTH REGULATION & LICENSING ADMINISTRATION
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| **Title 22 Chapter 39**<br><br>**3903.2 (b)** | An initial licensure survey was conducted at your facility on January 8th, 9th, 12th &13th of 2009.The following deficiencies were based on record reviews and staff interviews. The sample sizes were 21 clients based on a census of 253 and 30 employees based on census of 367.<br><br>3903<br>Governing Body<br><br>Home Care Agencies in the District of Columbia shall have a governing body with operational responsibilities of the agency by doing the following:<br><br>Evaluate the review of complaints made or referred to the agency including the nature and response… | 3903 | A post survey review of the agency's complaint review process revealed that the agency reviews all complaint during the Governing body meeting. The number of complaints reviewed is noted in the minutes and not the resolution.<br>To prevent future deficiencies, the agency will include the complaints log that includes the number of complaints and the resolution as part of the body minutes | |

| Name of Inspector | Date Issued | Facility Director/Designee | Date |
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | Based on a review of the minutes from the "Quarterly Meeting" dated October 24, 2008, it was determined that there was no documented evidence that the agency has a process on reviewing complaints made or referred to the agency. | 3907.2 (b) | A post survey review of the records surveyed confirmed some of the surveyor's findings. The following corrections were made to the extent ethical possible and documented as follows:<br><br>Employee #2 had a license. The license has been located and placed in the employee folder. | |
| **3907.2 (b)**<br><br>**3907.2 (d)** | 3907<br>Personnel<br><br>Personnel records shall be maintained and accurate and include the following:<br><br>Current professional license and registration number, if any...<br><br>Based on a record review, it was determined that the agency failed to provide documented evidence of a current license for employee #2.<br><br>Documentation of current CPR certification, if | 3907.2 (d) | The evidence of current CPR for employees # 9 and 27 have been located and placed in the employees folder | |

### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | required... | 3907.2 (e) | The health certification for employee # 13 has been located and placed in the employees folder | |
| **3907.2 (e)** | Based on record reviews, it was determined that the agency failed to provide documented evidence of current CPR for employees # 9 &27. | | | |
| **3907.2 (f)** | Health Certification as required in section 3907.6... | 3907.2 (f) & (g) | The evidence of verification of previous employment and reference check has been located and placed in the employee # 17 folder | |
| | Based on a record review, it was determined that the agency failed to provide the above listed requirement in the file for employee #13. | | To prevent future deficiencies, the agency Human resources personnel will place documents in the file no latter than 7 days from the date the documents are received at the office. The human resources personnel will continue to conduct weekly reviews of employees records and perform updates on a timely basis. | To begin 03-10-09 |
| **3907.2 (g)** | Verification of previous employment... | | | |
| | Based on a record review, it was determined that the agency failed to provide the above listed requirement in the file of employee #17. | | | |
| | Documentation of reference checks... | 3911 | A post survey review of the records survey confirmed the surveyors finding that the agency does not include intake information in the clinical records. | |
| | Based on a record review, it was determined that the agency failed to provide the above listed requirement in the file of employee #17. | | | |
| | 3911 Clinical Records | | | |

# DEPARTMENT OF HEALTH
## HEALTH REGULATION & Licensing ADMINISTRATION
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### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **3911.2 (a)** | Each clinical record shall include the following information related to the patient:<br><br>Admission data, including name, address, date of application, date of birth, sex, agency case number, next of kin or responsible party, date accepted by the agency to receive services, and source of payment. | 3911.2 (a) | The agency has revised its intake process to include an intake form that has ,the patient's name, address, date of application, date of birth, sex, agency case number, next of kin or responsible party, date accepted by the agency to receive services, and source of payment.<br><br>To prevent future deficiencies, all patient admitted into the agency starting 03-10-09 will have these data included in the record. See revised policy as attachment3 of the POC. | To begin 03-10-09 |
| **3911.2 (h)** | Based on record reviews, it was determined that the agency failed to provide documentation in the clinical record of the above listed requirements for clients #1, 6, 11, 12,14,16,17.<br><br>Clinical, progress, and summary notes, and activity records, signed and dated as appropriate by professional and direct care staff...<br><br>Based on record reviews, it was determined that the agency failed to have documentation of all services provided by the agency staff in eleven (11) of twenty-one (21) clinical records.<br><br>The findings include: | 3911.2 (h)<br><br>3911.2 (h) 1 | A post survey review of the clinical records surveyed confirmed some of he surveyors finding. The agency's findings have been documented as follows and the following corrective plan instituted to the extent ethical possible<br><br>The evidence of all the visits done by the HHA from November 14, 2008 to January 12, 2009 have been located and placed in the client 3'S record. | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | 1. Client #3 clinical record contained a Plan of Care with certification period from November 14, 2008 to January 12, 2009 ordered PCA/HHA 3Days X 60 Days (Personal Care Aide or Home Health Aide to visit client for three (3) days a week for sixty (60) days) for effective personal care and hygiene: bed or chair bath, skin care, oral hygiene, hair care, maintain a safe environment...<br><br>There was no documented evidence in clinical record that a personal care aide or home health aide visited the client during the certification period listed above to provide services as ordered.<br><br>2. Client #4 clinical record contained a Plan of Care with certification period from November 22, 2008 to January 20, 2009 ordered PCA: 2HRSX3/WeekX60 days. Personal care aide to visit client two (2) hours a day, three (3) days a week for sixty (60) days) for effective personal care and hygiene; bed or chair bath, skin care, oral hygiene and hair care, maintain a safe environment...<br><br>There was no documented evidence in the clinical | 3911.2 (h) 2 | The evidence that the personal care aide visited the client during the period from November 22, 2008 to January 20, 2009 have been located and placed in the client # 4'S record | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | record that the personal care aide visited the client during the above listed certification period to perform services as ordered.<br><br>3. Client #5 clinical record contained a Plan of Care with certification period from October 22, 2008 to April 20, 2009 order SN ;1MX6 ( Skilled nurse to visit client one (1 ) time a month for six (6) months) for observation and complete systems assessments...<br><br>PCA/HHA 8hrs/day; 7days/week (personal care aide or home health aide visit client eight (8) hours a day seven (7) days a week) for effective personal care and baths, do laundry, light house keeping, errands...<br><br>a. There was no documented evidence in the clinical record that the skilled nurse visited the client in December 2008 to perform assessments as ordered.<br><br>b. There was no documented evidence in the clinical record that a personal care aide or home health aide visited the client to perform services as ordered.<br><br>4. Client #8 clinical record contained a Plan of | 3911.2 (h) 3 (a)<br><br>(a)<br><br>3911.2 (h) 4 | The evidence that the skilled nurse visited the client #5 in December 2008 to perform assessments as ordered has been located and place in the patient records.<br><br>The evidence that the PCA visited the client #5 to perform Personal care services as ordered has been located and place in the patient records.<br><br>The evidence that the PCA provide services eight (8) hours a day on Mondays through Fridays as ordered from November 17, 2008 through December 26, 2008) have been located and placed in client # 8's record. The additional visit records have been located and placed in the client's records. | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | Care with certification period from November 17, 2008 to May 15, 2009 ordered PCA/HHA 8hrs Mon-Fri (personal care aide or home health aide to visit client 8 hours a day Monday through Friday)<br><br>Review of the record revealed that the Home Health Aide provide services three (3) days a week for four (4) hours a day (as evident by "Home Health/ Home Care Aide Weekly Visit Record" dated from November 17, 2008 through December 26, 2008) and not eight (8) hours a day on Mondays through Fridays as ordered.<br><br>5. Client #10 clinical record contained a Plan of Care with certification period from September 27, 2008 to March 25, 2009 ordered SN; 1-2 X 6 Months (Skilled nurse to visit client one (1) to two (2) times a month for six (6) months) for observation, complete system assessment, supervise aide monthly...<br><br>Personal Care Aide: 8hrs/daily (9am-5pm) to perform effective personal care with baths, do laundry, errands, light house keeping... | 3911.2<br>(h) 5<br><br>(a)<br><br>(b)<br><br>( c) | The evidence that a skilled nurse visited the client in September, October, and December 2008 to perform assessments as ordered has been located and placed in client # 10 chart.<br><br>The evidence that the skilled nurse performed supervision on personal care aide in September, October and December of 2008 has been located and placed in client # 10's record.<br><br>The evidence that the personal care aide provided service as ordered to client after December 14, 2008 has been located and place in client # 10's record. | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | a. There was no documented evidence in clinical record that a skilled nurse visited the client in September, October, and December 2008 to perform assessments as ordered.<br><br>b. There was no documented evidence in clinical record that the skilled nurse performed supervision on personal care aide in September, October and December of 2008.<br><br>c. There was no documented evidence in the clinical record that the personal care aide provided service as ordered to client after December 14, 2008.<br><br>6. Client #11 record contained a Plan of Care with certification period from July 20, 2008 to January 17, 2009 ordered PCA/HHA 14hs 7days (personal care aide or home health aide to visit client fourteen (14) hours a day for seven (7)) days a week) for effective personal care and hygiene: bed or chair bath, skin care, oral hygiene, hair care and maintain a safe environment...<br><br>There was no documented evidence in clinical record that a personal care aide or home health | 3911.2 (h) 6<br><br>3911.2 (h) 7 | The evidence that a personal care aide or home health aide provided services as ordered after December 13, 2008 has been located and placed in client # 11 record.<br><br>The evidence that the skilled nurse visited the client to perform assessments as ordered for October, November and December 2008 has been located and placed in client # 12's record. | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | aide provided services as ordered after December 13, 2008.<br><br>7. Client #12 record contained a Plan of Care with certification period from October 10, 2008 to April 8, 2009 ordered SN 1-2M6 (Skilled nurse to visit client one (1) to two (2) times a month for six (6) months) for observation, complete systems assessment...<br><br>There was no documented evidence in the clinical record that the skilled nurse visited the client to perform assessments as ordered for October, November and December 2008.<br><br>8. Client #14 record contained a Plan of Care with certification period from December 5, 2008 to June 2, 2009 ordered SN;1M6 (Skilled nurse to visit client one (1) to two( 2) times a month for six ( 6) months) for observation, complete system assessment, instruct as needed, perform wound care...<br><br>There was no documented evidence in the clinical record that the skilled nurse performed services | 3911.2 (h) 8 | The evidence that the skilled nurse performed services as ordered in December 2008 has been located and placed in client #14's record. | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | ordered in December 2008.<br><br>9. Client #15 record contained a Plan of Care with certification period from October 1, 2008 to March 29, 2009 ordered PCA/HHA 8HRS/7 Days (Personal Care aide or home health aide to visit client eight (8) hours a day seven (7) days a week)<br><br>There was no documented evidence in clinical record that the Personal Care Aide or Home Health Aide performed services as ordered after December 12, 2008.<br><br>10. Client #16 record contained a Plan of Care with certification period from November 4, 2008 to May 2, 2009 ordered SN; 1-2M6 (Skilled nurse to visit client one (1) to two (2) times a months for six (6) months) for observation and complete systems assessment...<br><br>PCA/HHA 8hs/M-F (Personal care aide or home | 3911.2 (h) 9<br><br>(a)<br><br>(b) | The evidence that the Personal Care Aide or Home Health Aide performed services as ordered after December 12, 2008 has been located and placed in client # 15's records.<br><br>The evidence that the skilled nurse performed assessments in November and December 2008 have been located and placed in client number 16's record.<br><br>The evidence that a Personal Care Aide or Home Health Aide performed services as ordered after December 5, 2008 have been located and placed in client number 16's record. | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | health aide to visit client eight ( 8) hours a day Monday through Friday) effective personal care and hygiene: Bed or chair baths, skin care, oral hygiene, hair care, maintain a safe environment...<br><br>a. There was no documented evidence in the clinical record that the skilled nurse performed assessments in November and December 2008.<br><br>b. There was no documented evidence in the clinical record that a Personal Care Aide or Home Health Aide performed services as ordered after December 5, 2008.<br><br>11. Client #17 record contained a Plan of Care with certification period from December 2, 2008 to January 30, 2009 ordered SN; 1-3W9 (Skilled nurse to visit client one (1) to three (3) times a week for nine (9) weeks) for observation and complete systems assessment...<br><br>There was no documented evidence in clinical record that skilled nurse performed weekly assessment as ordered. There was no documented evidence in clinical record that a skilled nurse visited the client in September, October, and December 2008 to perform | 3911.2 (h) 11 | The evidence that the skilled nurse performed weekly assessment as ordered by visiting the client in September, October, and December 2008 to perform assessments as ordered have been located and placed in client number 17's record.<br><br>To prevent future deficiencies, an in-service was conducted in January and another in-service has been planned for Friday the 20th of March. Nurses were instructed on the need to return documentation to the office, the need to maintain the visit frequencies outlined on the POC and the need to follow the POC as ordered by the physician.<br><br>The agency has reassigned a staff member to perform continuous quality assurance by keeping a record of the clients visit frequencies and constantly reviewing/ notifying the nurses of the changes on the POCs on regular bases.<br><br>The administrator will ensure that agency QA staff continue to review 10% of all records during the quarterly review process to ensure that staff follow the POCs as ordered. | Starting 04-01-09 |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | assessments as ordered.<br><br>All above findings acknowledged by employee # 3. | | | |
| **3911.2 (s)** | Documentation of consent for specialized services...<br><br>Based on record reviews, it was determined that the agency failed to provide documentation of the above listed requirement in clinical records of clients # 1, 12, 13, 14.<br><br>Documentation of training and education given to the patient and the patient's caregiver... | 3911.2 (s) | A post survey review of the deficiency report confirmed the surveyor's findings.<br>To correct the deficiencies, the signed consent forms were located and placed clinical records # 1, 12, 13 and 14.<br>To prevent future deficiencies, all patient admitted into the agency starting 03-10-09 will have these data included in the record.<br>The administrator will ensure that the QA staff continue to review 10% of all records during the quarterly review process to ensure that staff follow the POCs as ordered. | Starting 03-10-09 |
| | Based on record reviews, it was determined that the agency failed to provide teaching to patient and caregiver for three (3) of twenty-one (21) clinical records.<br><br>The findings include:<br><br>1. Client #1 had no documented evidence in clinical record of teaching provided to caregiver as | Not Tageg | A post survey review of the records reviewed during the survey confirmed the surveyors findings.<br>To correct the deficiency, the agency corrected the deficiencies in records # 1, 4 and 9 to the extent ethical possible.<br>The agency provided an in-service on documentation, Plan of care, the need for documenting all teaching on the skill notes | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| 3914.3 (d) | evident by forms in record named "Skilled Nursing Notes" and "Supervisory Visits" dated from January 3, 2008 through June 13, 2008.<br><br>2. Client # 4 had no documented evidence in clinical record that teaching was provided to patient and caregiver as evident by form in record named "Skilled Nursing Notes" dated from November 22, 2008 through December 20, 2008.<br><br>3. Client # 9 had no documented evidence in clinical record that teaching was provided to caregiver as evident on form in record named " Skilled Nursing Notes" dated July 7, 2008 through November 15, 2008.<br><br>3914<br>Patient Plan of Care | | was emphasize during the in-service.<br>To prevent future deficiency, the will ensure that all teaching activity carried out is appropriately documented on the skill notes.<br>The administrator will ensure that the QA staff continue to conduct quarterly reviews of 10% of all clinical records to ensure that the staff documents teaching activity. | |

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| | The plan of care shall include the following:<br><br>A description of the services to be provided, including: the frequency, amount, and expected duration...<br><br>Based on record reviews, it was determined that the agency failed to provide expected duration of PCA/HHA (personal care aide, home health aide) on eleven (11) of twenty-one (21) Plan of Cares.<br><br>The Finding Include:<br><br>1. Client #1 Plan of Care with certification period from June 15, 2008 through January 21, 2009.<br><br>2. Client #2 Plan of Care with certification period from November 26, 2008 through May 24, 2009.<br><br>3. Client # 5 Plan of Care with certification period from October 22, 2008 through April 20, 2009.<br><br>4. Client #6 Plan of Care with certification period from December 18, 2008 through June 15, 2009.<br><br>5. Client #7 Plan of Care with certification period from December 11, 2008 through June 8, 2009. | 3914.3 (d) | A post survey review of the records reviewed during the survey confirmed the surveyor's findings.<br>To correct the deficiency, the agency corrected the deficiencies in records # 1,2,5,6,7,8,10, 11, 12,14 and 16 to the extent ethical possible.<br>The agency provided an in-service on documentation, completion of Plan of care description of the services to be provided, including: the frequency, amount, and expected duration of PCA.<br>(personal care aide, home health aide)<br>To prevent future deficiency, the QA staff will continue to review plan of care with emphasis on description of the services to be provided, including: the frequency, amount, and expected duration of PCA.<br>(personal care aide, home health aide)<br>The administrator will ensure that the QA staff continue to conduct quarterly reviews of 10% of all clinical records to ensure that the expected duration of PCA/HHA (personal care aide, home health aide is included. | |

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| | 6. Client # 8 Plan of Care with certification period from November 17, 2008 through May 15, 2009.<br><br>7. Client #10 Plan of Care with certification period from September 27, 2008 through March 25, 2009.<br><br>8. Client #11 Plan of Care with certification period from July 20, 2008 through January 17, 2009.<br><br>9. Client #12 Plan of Care with certification period from October 10, 2008 through April 8, 2009. | | | |
| **3914.3 (l)**<br><br>**3913.3 (m)** | 10. Client #14 Plan of Care with certification period From December 5, 2008 through June 2, 2009.<br><br>11. Client #16 Plan of Care with certification period from November 4, 2008 through May 2, 2009.<br><br>All above findings acknowledged by employee # 2.<br><br>Identification of employees in charge of managing emergency situations...<br><br>Emergency protocols ...<br><br>Based on record reviews, it was determined that the agency failed to provide the above listed | 3913.3 (m) | A post survey review of the records surveyed confirmed the surveyor's findings.<br>To correct the deficiencies, the staff corrected the deficiencies in records 2,5,6,8,10, and 19 to the extent ethically possible.<br>To prevent future deficiencies, the agency provided an in-service on documentation, completion of Plan of care including Identification of employees in charge of managing emergency situations.<br>The administrator will ensure that the agency staff continues to conduct quarterly reviews of 10% of all clinical records to ensure that the employees in charge of managing emergency situations are included on the plans of care. | |

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| 3914.4 | requirements on six (6) of twenty-one (21) Plan of Cares.<br><br>The findings include:<br><br>1. Client #2 Plan of Care with certification period from November 26, 2008 through June 24, 2009.<br><br>2. Client #5 Plan of Care with certification period from October 22, 2008 through April 20, 2009.<br><br>3. Client #6 Plan of Care with certification period from December 18, 2008 through June 15, 2009.<br><br>4. Client #8 Plan of Care with certification period from November 17, 2008 through May 15, 2009.<br><br>5. Client # 10 Plan of Care with certification period from September 27, 2008 through march 25, 2009.<br><br>6. Client #19 Plan of Care with certification period from October 21, 2008 through April 19, 2009.<br><br>All above findings acknowledged by employee #2.<br><br>Each plan of care shall be approved and signed by | | A post survey review of the records surveyed confirmed the surveyor's findings.<br>To correct the deficiencies, the staff corrected the deficiencies in records 2,5,6,8,10, and 19 to the extent ethically possible.<br>To prevent future deficiencies, the agency provided an in-service on documentation, completion of Plan of care including Identification of employees in charge of managing emergency situations…<br>The agency will continue to conduct quarterly reviews of 10% of all clinical records to ensure that the employees in charge of managing emergency situations are included on the plans of care.<br><br>A post survey review of the records surveyed confirmed the surveyor's findings.<br>To correct the deficiencies, the staff corrected | |

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| 3915.6 | a physician within thirty (30) days of the care...<br><br>Based on record reviews, it was determined that the agency failed to provide signatures of physicians within thirty (30) days for three (3) of twenty (21) Plan of Cares.<br><br>The findings include:<br><br>1. Client #4 Plan of Care with certification period November 22, 2008 through January 20, 2009 had not been signed by physician at the time of this inspection.<br><br>2. Client #12 Plan of Care with certification period October 10, 2008 through April 8, 2009 had not been signed by physician at the time of this inspection.<br><br>3. Client # 20 Plan of Care with certification period November 10, 2008 through January 8, 2009 had not been signed by a physician at the time of this inspection. | 3914.4 | the deficiencies in records 4,12 and 20 to the extent ethically possible.<br><br>To prevent future deficiencies, the agency provided an in-service on documentation, completion of Plan of care including repeated tracking of Plan of care for physician signatures.<br>The administrator will ensure that the agency staff continue to conduct quarterly reviews of 10% of all clinical records to ensure that the agency obtains signatures on all plan of care.<br><br>A post survey review of the records surveyed confirmed the surveyor's findings.<br>The evidence that the Personal care Aide will | |

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| | 3915<br>Home Health Aide and Personal Care Services<br><br>After the first year of service, each aide shall be required to obtain at least twelve (12) hours of continuing education or in-service training annually... | 3915.6 | have at least (12) hours of in-service training annually has been located and placed in employee # 8's file.<br>To prevent future deficiencies, the agency Human resources personnel will place documents in the file no latter than 7 days from the date the documents are received at the office.<br>The human resources personnel will continue to conduct weekly reviews of employees records update on a timely basis | |
| **3920.3 (b)** | Based on a record review. It was determined that the agency failed to provide documented evidence of the above listed requirement in the file of employee #8.<br><br>3920<br>Intravenous Therapy Services<br><br>Each clinical record shall include, at a minimum, the following information related to intravenous therapy:<br><br>A copy of the consent form for intravenous therapy executed by the provider of the intravenous therapy product, or a copy of the consent form for | 3920.3 | A post survey review of the record # confirmed the surveyor's findings. The agency does not include a separate consent for IV therapy. The agency uses the same consent for treatment for all treatments provided to the clients.<br>To correct the deficiency, the agency will design separate consent form to include including risks, benefits and alternatives for the IV infusion clients | To be completed 04-15-09 |

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| **3923.1** | intravenous therapy executed by the home care agency, including risks, benefits and alternatives...<br><br>Based on a record review, it was determined that the agency failed to provide documented evidence of above listed requirement for client # 4.<br><br>3923<br>Physical Therapy Services<br><br>If physical therapy services are provided, they shall be provided in accordance with the patient's plan of care.<br><br>Client #20 record contained a Plan of Care with certification period from November 10, 2008 through January 8, 2009 ordered PT;1-3W9 (Physical therapist to visit client one (1) to three ( 3) times a week for nine ( 9) weeks) for evaluation/ assessment, therapeutic exercise: strengthening muscle tone, range-of –motion, transfer training...<br><br>There was no document evidence in client record that the physical therapist provided services as ordered. | 3923.1 | A post survey review of the records survey confirmed the surveyor's findings.<br>The evidence that the physical therapist provided services as ordered has been located and placed in client # 20's record.<br>The agency has reassigned a staff member to perform continuous quality assurance by keeping a record of the clients visit frequencies and constantly reviewing notifying the nurses of the changes on the POCs on regular bases.<br>The administrator will ensure that the agency staff continue to review 10% of all records during the quarterly review process to ensure that staff follow the POCs as ordered. | |

# DEPARTMENT OF HEALTH
## HEALTH REGULATION & Licensing ADMINISTRATION
## INTERMEDIATE CARE FACILITIES DIVISION

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| **3926.1** | 3926<br>Social Services<br><br>If social services are provided, they shall be provided in accordance with the patient's plan of care and in consultation with the patient.<br><br>Based on record reviews, it was determined that the agency failed to provide the above listed requirements on the Plan of Cares for clients #18, 19. | 3926.1 | A post survey review of the records did not confirm the surveyor's findings. The agency does not have a social worker and has not provided social worker service in past Three years.<br>To prevent future deficiencies, continous quality review staff will ensure that social services shall be provided in accordance with patient's plan of care starting 03-31-09 | To be completed 04-15-09 |
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